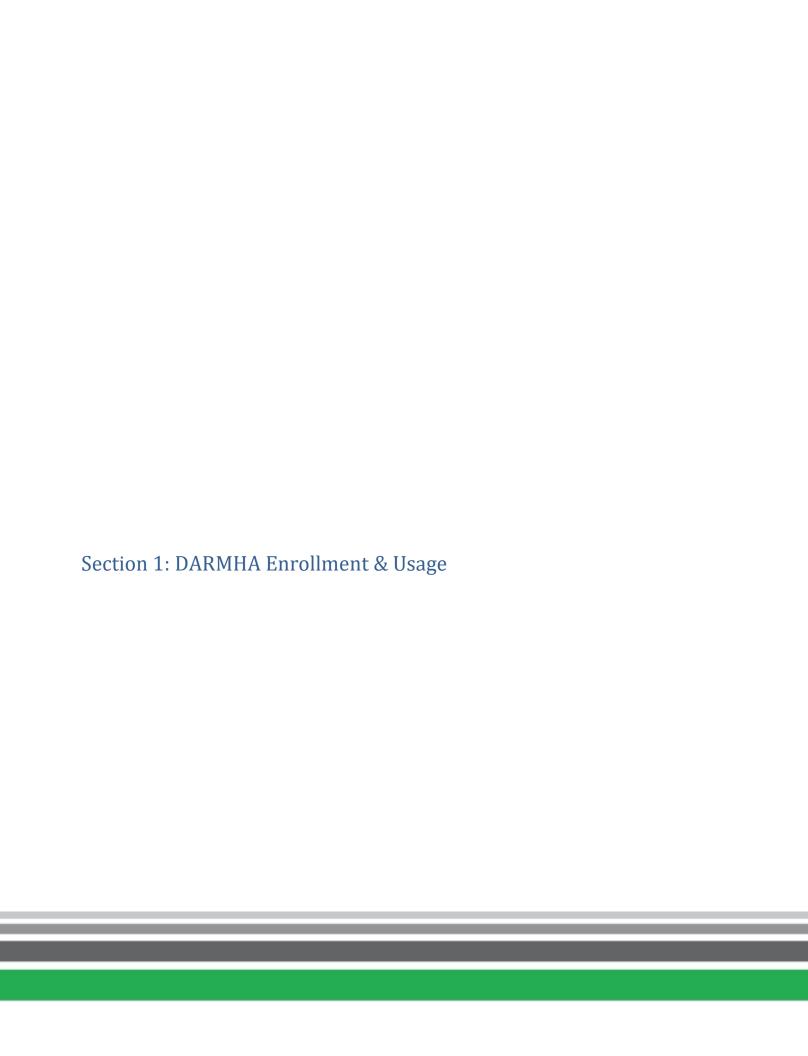


DARMHA and WITS USER MANUAL

DARMHA Information updated as of December 2019

SECTION 1: DARMHA ENROLLMENT & USAGE	5
DARMHA Enrollment	6
SECTION 2: WITS ENTRY	14
Logging Into WITS	15
Home Screen	16
Client Search and Profile	17
Client Activity List and Creating an Episode	19
Creating a Local Voucher for Recovery Works Services	21
Encounters and Provider Billing	
Closing a Voucher	29
Consent, Referral and Referred Vouchers	
Accepting Referrals and Authorizations	
Closing and Intake/Episode of Care	41
SECTION 3: WITS ADMINISTRATIVE FUNCTIONS	43
Changing Credentials	44
Changing Security Questions	
Reviewing all Vouchers for Your Agency	
Agency Review of Claims	
Claim Batching/Submissions/Adjudication	
Reviewing Payments	
Creating an Announcement	
Funds Remaining by Client	
SECTION 4: GLOSSARY	57



DARMHA Enrollment

DARMHA Enrollment

All Recovery Works participants MUST first be enrolled in DARMHA (Data Assessment Registry Mental Health and Addiction). Once a participant is enrolled in DARMHA, agencies may bill in WITS (Web Infrastructure for Treatment Services).

- 1. Go to the DARMHA website. The website address is: https://dmha.fssa.in.gov/DARMHA
- 2. Log in using your unique log in information. If you do not have a DARMHA log in, you will need to turn in a "DARMHA New User Form" to the Recovery Works Staff at Recovery.Works@fssa.in.gov. The form can be found on at the Recovery Works website, www.RecoveryWorks.fssa.IN.gov. We will confirm that your agency is registered in DARMHA. If your agency is not in DAMRHA, we will work with you to get the "DARMHA Provider Registration Agreement Form" completed.

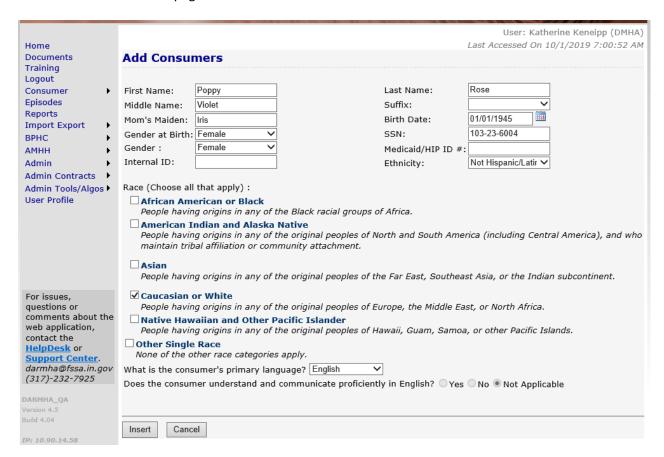


Find or Create Consumer

3. Search for the individual you would like to add. If there is "No Records Found," click "Add New Consumer." If they exist, move to Step Five.



4. Fill the Consumer page out and click "Insert."

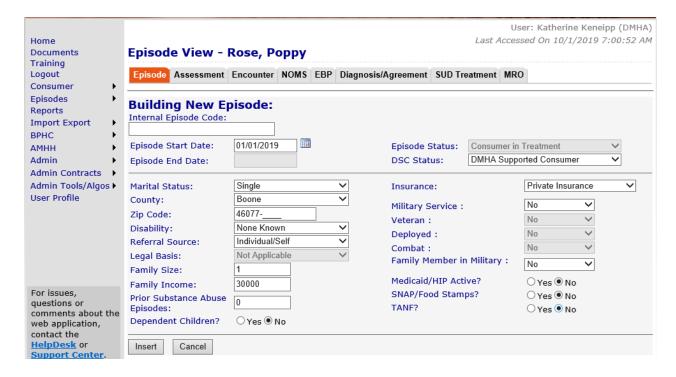


Create Episode

5. Click "Create Episode."

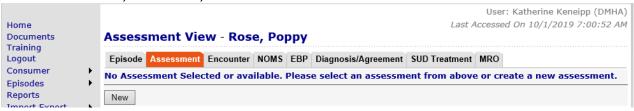


Fill the Episode page out and click "Insert."

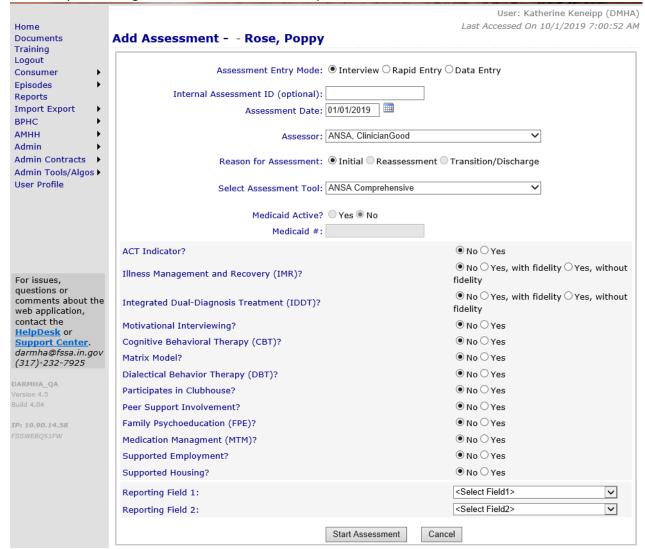


Create Assessment

1. Click the tab, Assessment, and click "New."



2. Fill out the Assessment in "Interview" mode to get all of the questions and answers on the screen. Please remember that the Assessor <u>must</u> be ANSA certified and an active user in DARMHA. Begin by Answering the Evidence Based Practice questions and click "Start Assessment."



3. Move through each Domain and Module answering the assessment questions. When finished, click "Close & Process Assessment."

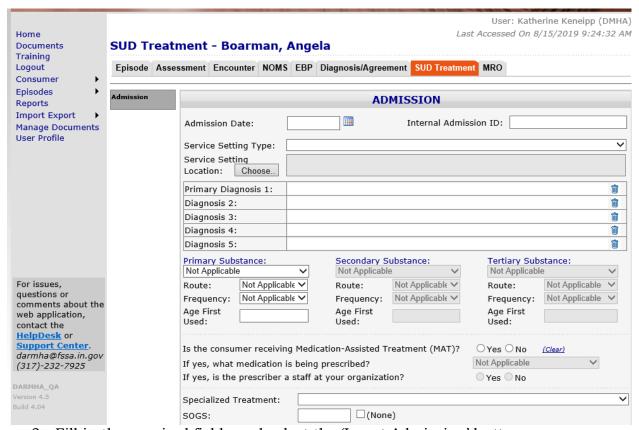
Home			therine Keneipp (DMHA) n 10/1/2019 7:00:52 AM
Documents Training	ANSA Comprehens	sive (New) Assessment Format	: Data Entry Mode
Logout	Кеу		, , ,
Consumer • Episodes •	Life Functioning Domain		
Reports Import Export	Strengths Domain		
BPHC •	Cultural Factors Domain		
Admin	Behavioral Health Needs Domain	Are you currently pregnant? 🖍 💮 Yes 🖲 No	
Admin Contracts Admin Tools/Algos	Risk Behaviors Domain	Alcohol 🗗	Yes ○ No •
User Profile	Caregiver Needs and Resources	Cocaine/Crack 🗗	Yes ○ No ⑨
	Vocational/Career Module	Marijuana/Hashish/Cannabis Oils 🖆	Yes ○ No •
	Developmental Needs Module	Heroin, Non-Prescription Methadone, Opiates and Synthetic Opioids (e.g. Oxycontin, Opana, Fentanyl)	Yes ○ No •
	Parenting/Caregiver Role Module	PCP [≰]	Yes ○ No •
	Trauma Module	Methamphetamine 🖆	Yes ○ No •
For issues,	Traumatic Stress Symptoms	Benzodiazepines (e.g. Xanax, Klonopin, Ativan) 🗖	Yes ○ No •
questions or comments about the	Substance Use Module	Barbiturates 💆	Yes ○ No •
web application,	Suicide Module	Inhalants 💆	Yes ○ No •
HelpDesk or		Other 🖍	Yes ○ No •
Support Center. darmha@fssa.in.gov	Dangerousness Module		Previous
(317)-232-7925	Sexually Aggressive Behavior Module		
DARMHA_QA	Crime Module		
Version 4.5 Build 4.04	Health Module		
IP: 10.90.14.58	CURRENT SUBSTANCE USE		
FSSWEBQ51FW			
	Save Assessment Close	e & Process Assessment Cancel	

Create SUD Admission

1. Select the 'SUD' tab.



2. Select the 'New Admission' button.



3. Fill in the required fields and select the 'Insert Admission' button.



Create SUD Discharge

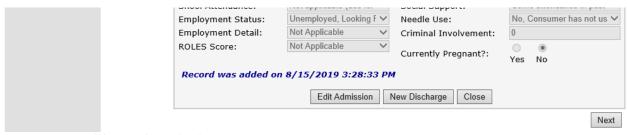
1. There will be only one because you can only have one Admission open at a time.



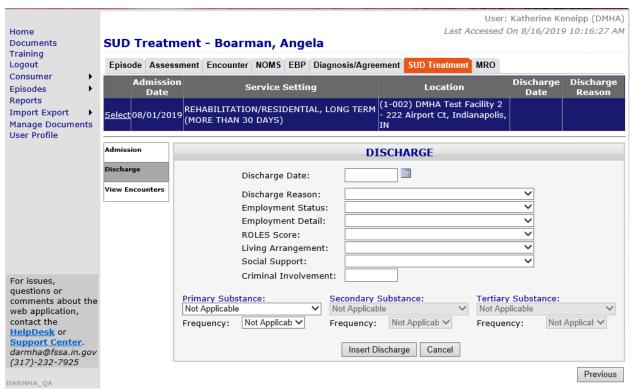
2. Select the open Admission.



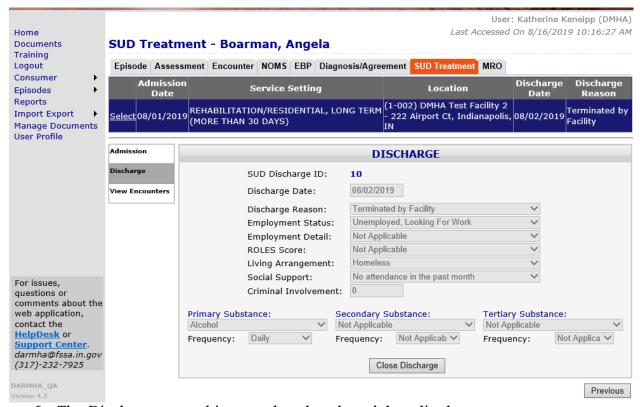
3. Select the 'New Discharge' button at the bottom of the screen.



4. You will see the Discharge screen.



5. Fill in the required fields and select the 'Insert Discharge' button.



6. The Discharge record is now closed and can't be edited.

Recovery Works Consumer Option

4. Go to the Consumer - View (on left side menu). Then click "Edit Consumer."

							Katherine Keneipp (DMHA)	
Home	_					Last Accessed	d On 10/1/2019 7:00:52 AM	
Documents	Consumer View							
Training	F!				1	n		
Logout	First Name:	Poppy			Last Name:	Rose		
Consumer	Middle Name: Mom's Maiden:				Suffix: Birth Date:	1/1/1045		
Episodes	Gender at Birth				SSN:	1/1/1945		
Reports	Gender at Birth	Female			Medicaid/HIP ID :	103-23-6004		
Import Export	Internal ID:	remale			Ethnicity:		Latino	
BPHC	DARMHA ID:	1382860			Registration ID :	Not Hispanic/ 630577	Latino	
AMHH	DARMHA ID:	1382800			Registration 1D:	630377		
Admin								
Admin Contracts >	Race (Choose all that apply):							
Admin Tools/Algos >	African American or Black							
User Profile			in any of the Bl	_	ups of Africa.			
			d Alaska Nativ					
					of North and South Am	nerica (including	Central America), and	
		ın tribal afi	filiation or comi	munity attach	ment.			
	Asian						* "	
	People having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.							
	✓ Caucasian							
	_ '		•		of Europe, the Middle I	East, or North Ai	frica.	
For issues,	■ Native Hawaiian and Other Pacific Islander People having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. ———————————————————————————————————							
questions or								
comments about the								
web application,	None of the other race categories apply.							
contact the HelpDesk or	What is the consumer's primary language? English							
Support Center.	Does the consumer understand and communicate proficiently in English? Yes No Not Applicable							
darmha@fssa.in.gov			/22424 27 24					
(317)-232-7925	Record was add	ed on 10/1	/2019 1:37:01	РМ				
DARMHA OA	Edit Consumer	1		Create Epise	ode Add Assessment	Remove Co	nsumer Back To Search	
Version 4.5	Edit Consumer			Create Episo	Add Assessment	Remove Con	Back To Search	
Build 4.04								
	Interna	l Episode	Episode	Episode	Episode Status	HAP Eligible	HAP Status	
IP: 10.90.14.58		#	Start	End		Dt	HAP Status	
FSSWEBQ51FW	Select		1/1/2019		Consumer in	1/1/2019	DMHA Supported	
	Beleet		1,1,2013		Treatment	1,1,2013	Consumer	

5. Click the "Recovery Works Consumer" check box. Once the box is checked, the DOC ID field will show up, add the DOC ID if appropriate. Select "Submit to WITS".



6. Once you've submitted the participant to WITS, you will then see a message with the WITS unique client number (UCN).



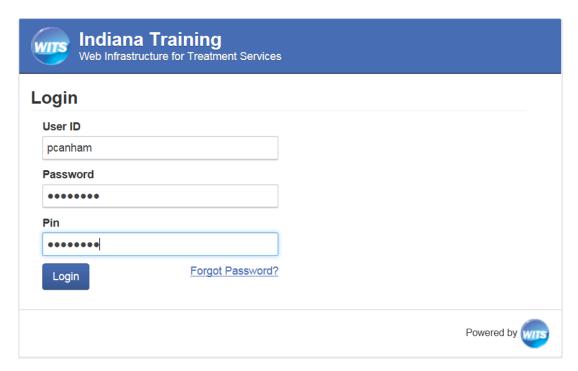
7. Make note of the participant's UCN, as you will need it for the next steps.

WITS Entry

Once you clicked "Submit to WITS" in DARMHA, the State of Indiana's Web service began transferring the participant's information over to WITS. This saves you, as the provider, from the need to enter the same information in both systems. We will begin with logging in to WITS.

Logging In To WITS

- 1. Go to the WITS website. The website address is: https://dmha.fssa.in.gov/atr
- Log in using your unique log in information. If you do not have a WITS log in, you will need to turn in a "WITS New User Form" to the Recovery Works Staff at <u>Recovery.Works@fssa.in.gov</u>. The form can be found on at the Recovery Works website, <u>www.RecoveryWorks.fssa.IN.gov</u>. We will confirm that your agency is registered in WITS. If your agency is not in WITS, we will work with you to get you set up.

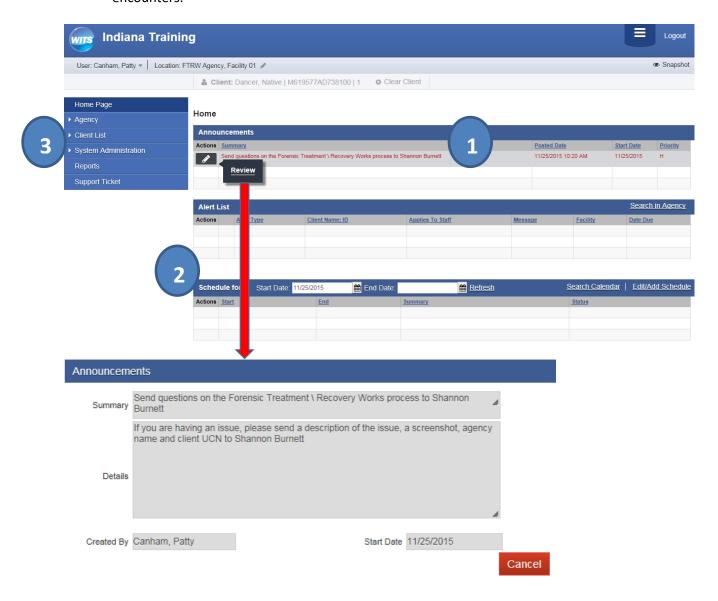


Tip: If this is your first time logging into WITS or if your credentials (i.e. Password and Pin) are expired, the system will show the Reset Credential screen to allow you to enter your Password and Pin and to set your security question. Be sure to pick a Password and Pin that can be easily memorized and which is secure. As part of the system security features, you may be asked to change your Password/Pin every few months. Also, if you enter the wrong Password / Pin multiple times your account may be disabled. Contact Recovery.Works@fssa.in.gov for assistance.

Home Screen

The Home screen is typically the first screen that most providers see when they log into WITS. It provides general information such as announcements, alerts or updates in schedule.

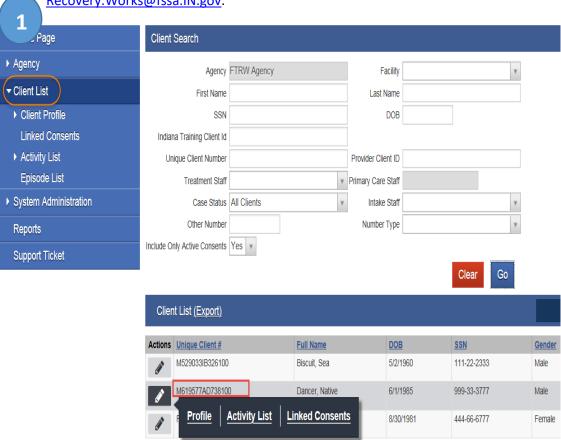
- 1. The announcement section will have helpful information from the State of Indiana or from agency administrators. Hover your cursor over the pencil icon to click on the **Review** link.
- 2. Alert List and Scheduler are not being utilized for the Forensic Treatment \ Recovery Works! Process at this time.
- 3. Providers will use the left navigation to view clients, create encounters and bill for those encounters.



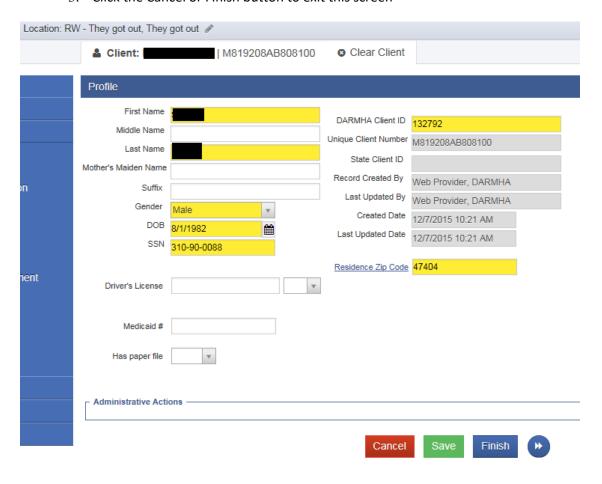
Client Search and Profile

Overview: The WITS process always starts with the client you are treating. This section walks you through ways to locate your client and to review the information that was automatically created in WITS from the information you entered in DARMHA

- To search for a client, click on the Client List link in the left navigation menu. A blank Client List screen will appear. WITS will search on any fields you fill in, once you click on the Go button. The more fields you enter, the fewer records the system will return. Try to use unique information, such as birthdates or social security numbers, if possible.
 - You can also enter a partial name (or other field) followed by a "*". This is called a wild card search. For instance, if you search for Last Name of "Smit*", you will get people with the last name of "Smith", "Smitty", "Smithson", etc.
 - For date fields you can use conditional searches such as >01/01/1990. If you key this into the DOB field, it will return clients with a DOB greater than 01/01/1990.
- 2. Look for your client in the Client List. If you find the right person, pull up the profile by hovering your cursor over the Actions pencil icon and clicking on **Profile** link next to their name. The Unique Client # (UCN) should match the value that is stored in DARMHA.
- If you do not find your client either by name, another identifier, or the UCN that appeared in DARMHA – please contact the Recovery Works Team via the Recovery Works email, Recovery.Works@fssa.IN.gov.



- 1. The Profile information was created from information that you initially entered into DARMHA.
- 2. The **Record Created By** field will have the value "Web Provider, DARMHA". This indicates that the Client Profile was generated from DARMHA information
- 3. Click the Cancel or Finish button to exit this screen



Client Activity List and Creating an Episode

The Client Activity List provides an overview to the entire client's profile, episode (intake), encounter and program enrollment information.

- 1. After entering your information to DARMHA the screen below represents what you will initially see in the activity list in WITS. This list will grow as you create the episodes and associated encounters and referrals.
- 2. Once you have selected your client from the Client list hover your cursor over the pencil icon or Click on Client List > Activity List from the left navigation to get to this screen.
- 3. To create an episode for your client, click on the Start New Episode link.
- 4. You will be presented with the Intake Case Information screen. You will need to complete the following fields, the other required fields are pre-filled by the system:

• Initial Contact: Select the value most appropriate.

• Residence: Select the county of residences for the client

• Intake Date: Will be pre-filled with the date the client was input into DARMHA and

pushed to WITS (cannot be more than 14 days from date of DARMHA

intake

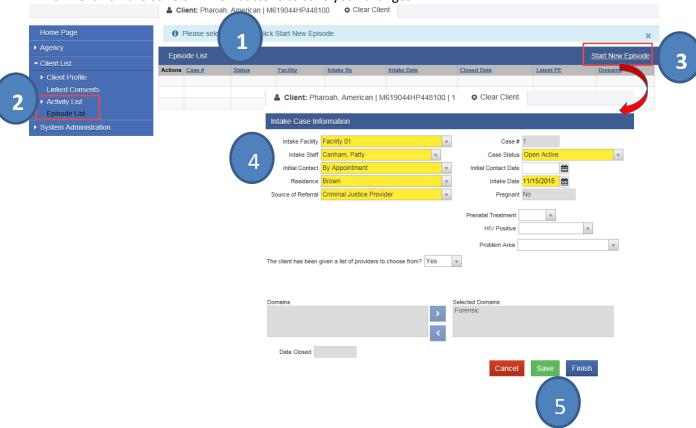
Referral Source: Will be pre-filled with "Criminal Justice Provider" – select the most

appropriate option

• Intake Staff: Will be pre-filled with the user logged in – select the most

provider that did the assessment

5. Click on the **Save** or **Finish** buttons to save your changes



- 6. Click Finish to return to the Client Activity List.
- 7. Please note that you can now view the entry for the Episode (Intake Transaction) that you just created. You will also see the Client Program Enrollment (Recovery Works) that was automatically created by the system when you saved the Episode (Intake Transaction).



Note: The terms "Episode" and "Intake" are used interchangeably in WITS.

Business rules to be aware of:

- Client must be enrolled in a Client Program in order to set up vouchers and create encounters. The good news is the system will do this automatically when you create the Episode (Intake).
- The purpose of the Client Program enrollment is to indicate that the client is enrolled in a program to receive services.
- At the time you create and save the Episode (Intake Transaction) the system will also automatically create the Client Group Enrollment (see below).
- The Client Group Enrollment (CGE) defines the payor for the Forensic Treatment / Recovery
 Works services. This needs to be in place in order to release an encounter to billing. As the payor
 will always be the State of Indiana, had the ability to automatically create the CGE (means less
 keying for providers).



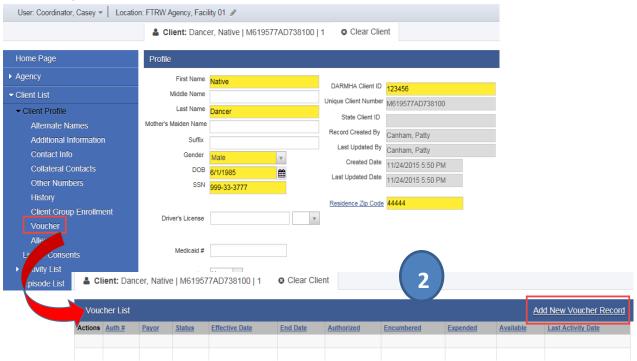
Creating a Local Voucher for Recovery Works Services

NOTE: ONLY Main provider agencies have the ability to create a local voucher in WITS.

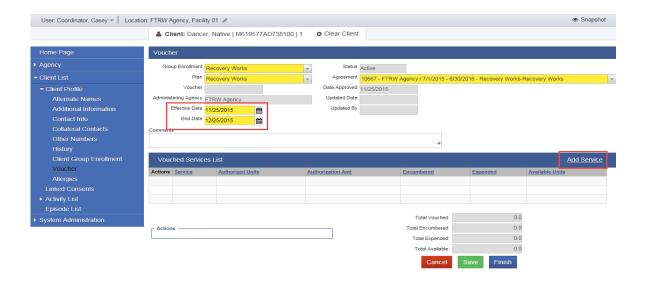
The main provider agency needs to establish a local voucher in order to create an encounter for a client. The voucher indicates the services that will be reimbursed by the State of Indiana, and will also inform the provider if the client has reached any client cap max amounts for Recovery Works. Once the local voucher is established and saved the provider can then create associated encounters.

From the above Client Activity List – hover your cursor over the Pencil icon next to the Client Profile and click on the **Review** link. You will be presented with the Client Profile screen and left navigation menu items.

- 1. Click on Client Profile > Voucher link from the left navigation.
- 2. You will be presented with the Voucher List screen. Click on the Add New Voucher Record link

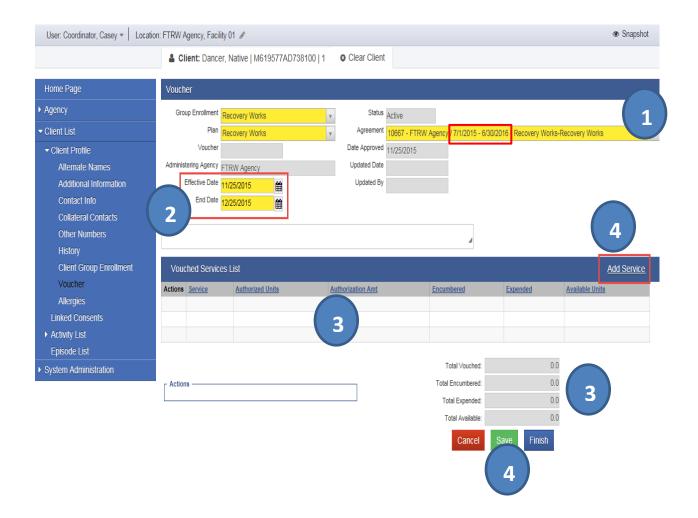


You will be presented with the Voucher screen, with the Vouched Services list.



A number of the Voucher required fields are pre-populated for you.

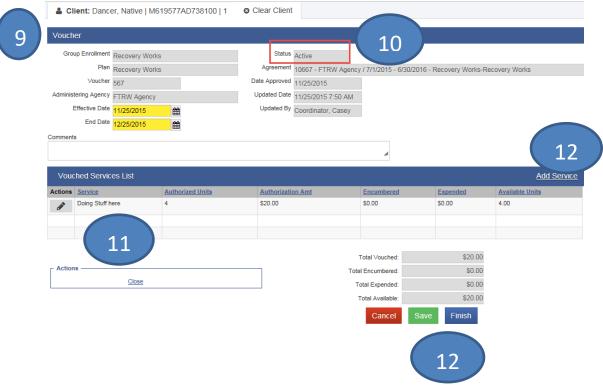
- 1. The **Agreement** field outlines the dates that can be set on the voucher/authorization.
 - These dates typically represent the State Fiscal Year time period.
 - There may be more than one agreement in place at a time representing multiple State Fiscal years, click on the down arrow to see multiple values.
 - If you have services that span these time periods will need to set up separate vouchers.
- 2. The **Effective Date** and **End Date** represent the date range specific to this voucher.
 - Effective Date defaults to the current date.
 - And the End Date defaults to the current date plus 30 days.
 - You may modify these to be consistent with the date range you expect the services to occur.
 - The End Date can be no more than 30 days after the Effective Date.
 - The Effective Date can be no more than 10 calendar days prior to the day you are creating the voucher.
- 3. As you add services to the Voucher, the **Voucher Services** list will populate with that information and the system will calculate totals for the vouched services.
- 4. Click the Save button and then the Add Service link to add Services to this voucher



- 5. The **Vouched** service screen allows you to enter the service and # Vouched Units.
- 6. Click on the **Service** down arrow to select the service. If you don't see a service you need contact the Recovery Works team at <u>Recovery.Works@fssa.IN.gov</u>.
- 7. Enter the appropriate number of units in the # Vouched Units field.
- 8. Click **Save** or **Finish** button when complete.
- 9. You will be returned to the **Voucher List** screen which has been updated with the information you entered.



- 10. Note that a number of fields are now grayed out and can no longer be update also the status of the Voucher is 'Active'.
- 11. The service you authorized now appears in the Vouched Services List and the calculated fields have been updated.
- 12. You can keep adding services or click on the Finish button to exit this screen.



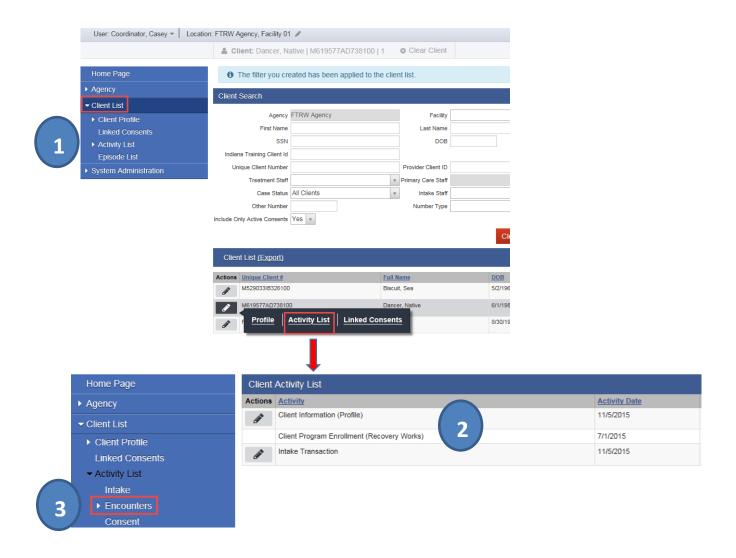
Voucher Calculated Field Definitions:

- **Total Vouched:** Represents the total money amount that has been authorized for this voucher.
- **Total Encumbered**: Represents authorized services where the associated encounter has been released to billing.
- **Total Expended:** Represents authorized services where the associated encounter has been paid (e.g. associated monies have been expended).
- **Total Available:** Represents monies remaining on the voucher that are available for encounters. It is calculated by subtracting Total Encumbered and Total Expended from the Total Vouched amount.

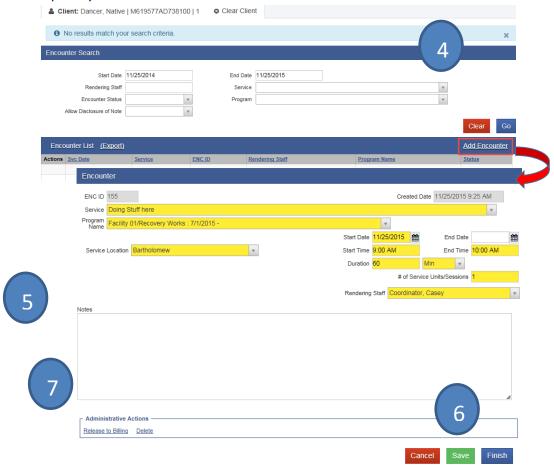
Encounters and Provider Billing

To Create Encounters for a Client

- 1. From the **Client List** screen (menu item on left Navigation), select the client you are working with and click on the corresponding **Activity List** link (click on **Actions** pencil icon)
- 2. In the Client Activity List screen, search to see if encounter has been entered. You can click on the Review link (with Actions pencil icon) to see encounter details.
- 3. From the main navigation menu on the left, click on **Activity List > Encounters**, you will be presented with the **Encounter Search** and **Encounter List** screens.



- 4. From the **Encounter List** screen, click on the **Add Encounter** link to create a new Encounter for the client. Proceed to complete the required fields including:
 - a. Service Service you are rendering to the client
 - b. **Program Name** This is pre-filled.
 - c. **Service Location** Select appropriate County (where service occurred) value from the drop down menu.
 - d. Start date The date the encounter is rendered as well as the number of units provided
 - e. **Start Time \ End Time –** The start and end times of the rendered service. Entering this information will cause the system to calculate the **Duration**.
 - f. # of Service Units/Session This is limited by the units in the corresponding voucher for this client.
 - g. **Rendering Staff** Select the provider that provided the service. If the staff member/provider is not listed, please contact the Recovery Works team at Recovery.Works@fssa.IN.gov.
 - Notes field is to be completed when you are documenting an encounter that was done by an
 agency you contracted with to do services not available in your agency, or when billing for
 multiple days of service. Please see the Policies and Procedures Manual for details on billing.

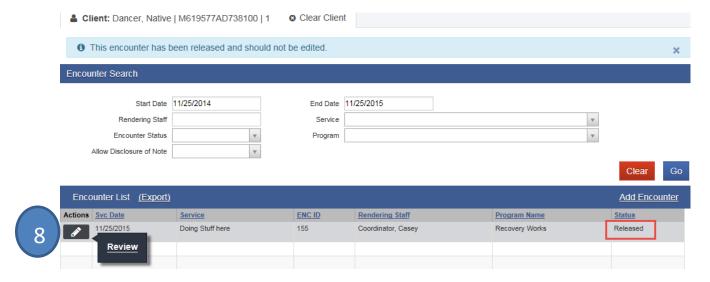


Note: The service dropdown list only shows services that belong to active vouchers within the current episode. No encounter can be created for services in a closed voucher.

You may not be able to release an encounter to billing if the number of units in the encounter is greater than the voucher available amount, or if you exceed the available yearly cap.

You may create an encounter at any time during the 30-day voucher time frame.

- 6. Press the **Save** button after entering the encounter
- 7. If you have the Release to Billing role and the encounter is ready to be billed, you will see the **Release to Billing** link in the Administrative actions. Click on that link to release the encounter to billing.
- 8. Notice that the encounter you have just created appears in the list, and its status is **Released**. To see the details of the encounter simply click on the Actions pencil icon next to the encounter.
 - For encounters that have not been released to billing, you can review, delete or release to billing. You would use the delete to erase an unbilled encounter that had been created by mistake. Delete and Release to Billing functions are available only to staff that have been set up with the appropriate role.
 - For encounters that have been released to billing, you can review.



Closing a Voucher

Note: ONLY Main provider agencies have the ability to close a local voucher in WITS.

WITS has a process to automatically close a voucher. Providers should do this when services have been completed so that any monies that have not been used are returned to the general Recovery Works fund for use for other clients. We ask that prior to opening a new Voucher, you close out previous vouchers.

- 1. Need to be in the context of the client whose voucher needs to be closed. From the left navigation, client on Client List > Client Profile > Voucher.
- 2. From the Voucher List screen select the Voucher to be closed.
- **3.** Notice that prior to closing this voucher \$900 had been authorized but only \$750 had been expended when the provider determined that all services were complete.
- 4. Click on the Close link in the Administrative Actions section
- **5.** You will receive a prompt asking if you are sure you want to close the voucher. Click on the Yes button
- **6.** The screen will reload with the updated closed voucher.
- 7. The Status has been changed to Close
- **8.** The Authorized amount has been changed to \$750 which matches the \$750 expended. The additional \$150 has been returned to the Recovery Works fund to be used for other clients.



Consent, Referral, and Referred Vouchers

This section reviews setting up the consent policy that may be established by the main provider agency. It is not a required process – but provides a mechanism for the main provider agency to standardize their consent \ referral process and to save a few keystrokes.

This section also covers what is needed for a main agency to create a consent, have the client sign it, create the referral and create a referred voucher.

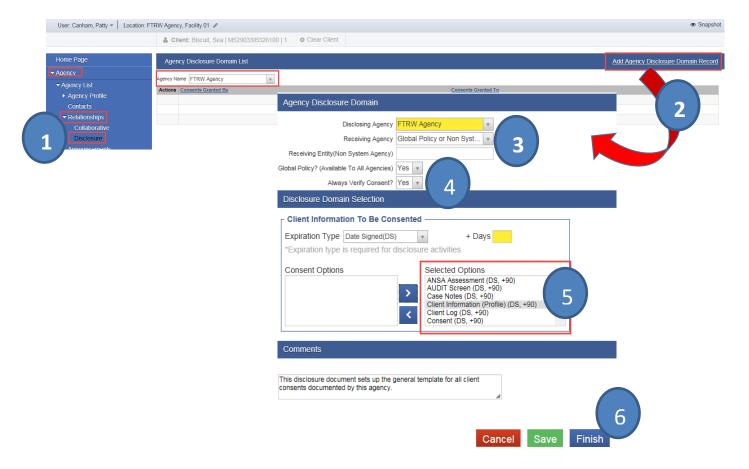
WITS allows client information to be consented or "shared electronically" within the system. The way in which this is accomplished is through the use of creating a consent record at the individual client level. This means each time a staff wants to share information, a consent record is created. It can be a very repetitive process to continue to create these consent records on a client-by-client basis.

To help users create consistent Consent records, each Agency should set up its own Agency Disclosure. This establishes a template for Consent. A global disclosure policy can be created for all agencies, or a separate disclosure agreement can be created for each agency.

Defining the consent policy via Agency Disclosure (done by Sending Agency, usually only needed one time for all consents).

It is expected that an agency will need to disclose information to another agency, after obtaining consent from the client. In order to do this – need to capture disclosure agreements from the disclosing agency to other agencies. Normally – this only needs to be set up one time for the disclosing agency.

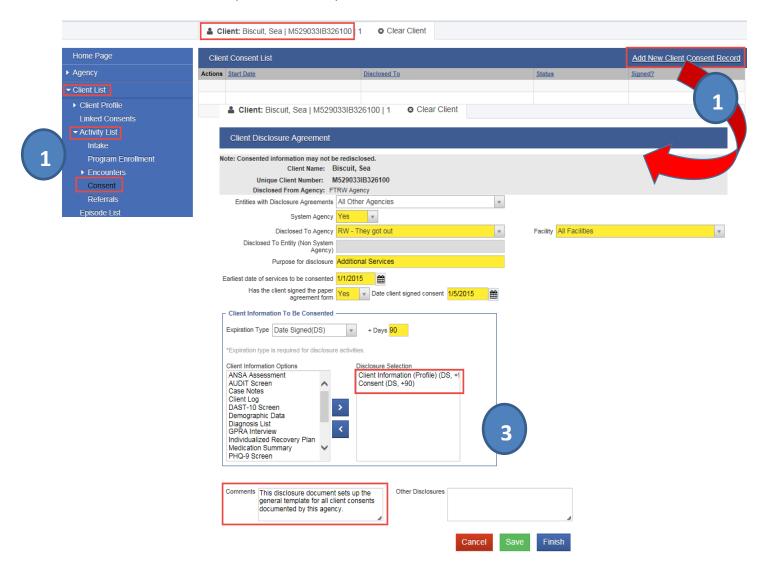
- 1. Click on the Agency > Agency List > Relationship > Disclosure link in the left Navigation menu.
- 2. From the **Agency Disclosure Domain List** screen, click on the link called **Add Agency Disclosure Domain Record**.
- 3. When the Agency Disclosure Domain screen appears, select the "Disclosing Agency" and the "Receiving Agency" from the drop down lists.
 - The "Disclosing Agency" should always be the sending agency.
 - The "Receiving Agency" can be set to "Global Policy or Non System..." and thus can be used for any consent to any other agency in WITS.
 - Set "Global Policy? (Available To All Agencies)" to "Yes"
- 4. Determine if Consent should be verified. If yes, then set the "Always Verify Consent?" field to "Yes".
- 5. In the Disclosure Domain Selection section:
 - a. Expiration Type should be "Discharge"
 - b. +Days should be set at 90
 - c. Then select *all* the Consent Options and move them to the Selected Options box using the arrows. The State has a business rule that all Consent options must be selected setting up this template one time will save the clinician keystrokes when creating the client consent. This acts as a template for your agency's consents.
- 6. When complete, click on the **Finish** button to complete and save the disclosure record.



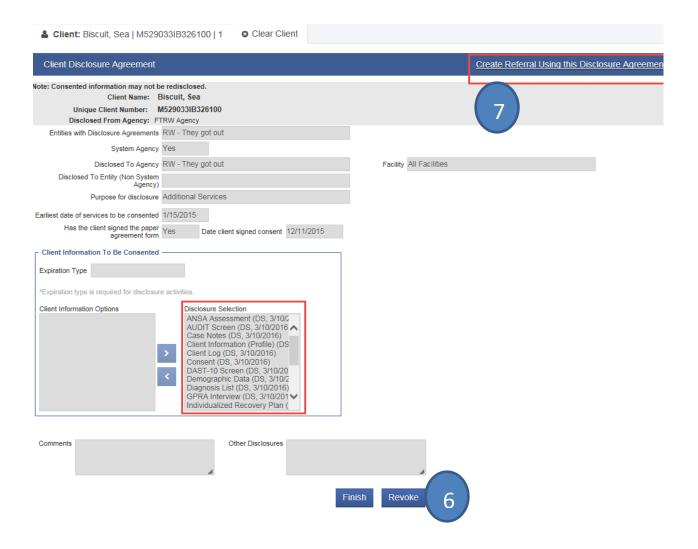
Creating the consent. This has to be done for each client where information is to be shared, use the client list navigation to select the client who needs a consent created.

- 1. Using the left hand menu, navigate to the Client > Activity List > Consent menu item, and click the Add New Client Consent Record link.
- 2. Fill in the appropriate fields on the consent form.
 - a. Entities with Disclosure Agreements: "All Other Agencies"
 - b. System Agency will be prepopulated to Yes
 - c. <u>Disclosed to Agency</u>: this is where you will choose the agency that you are sharing client information with
 - d. Facility will pre-populate
 - e. Purpose of Disclosure: type in most appropriate reason (ex: services unavailable)
 - f. Earliest Date of Services to be consented: may be today or any prior date
 - g. <u>Has the client signed the paper agreement form</u>: this is asking whether or not the client has signed a release of information within your agency in order to share information with the other agency. Please include the date the ROI was signed.
- **3.** The Client Information to Be Consented will be pre-populated based on the actions taken during the directions in the previous section (page 39)/
- **3.** The Client information options may be changed by using the < and > arrows to move items. You must select *all* the options in order to save the consent.

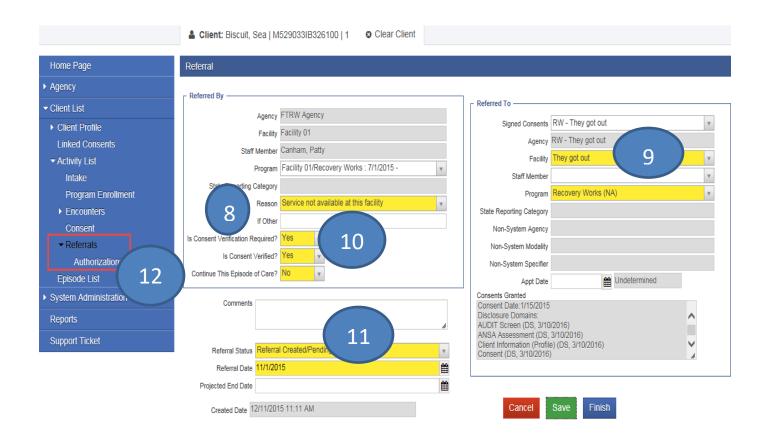
- **4.** Once you change the "Has the client signed the paper agreement form" to "Yes" and save the Disclosure agreement can only be Revoked, it can't be modified.
- 5. Click on the Save button (do not hit Finish).



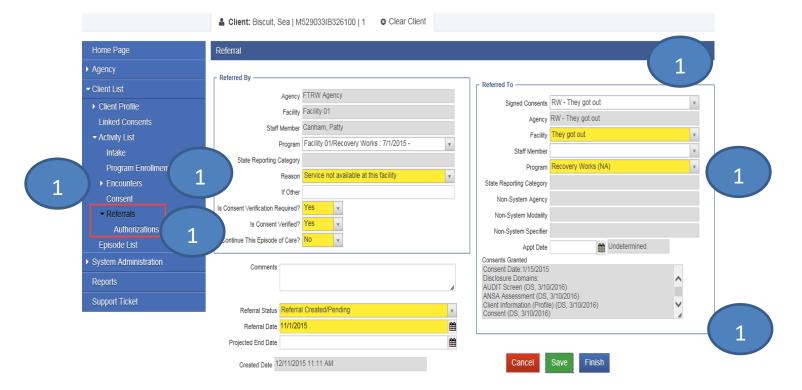
- **6.** Note the Revoke button that appears on the Disclosure, once the Agreement has been marked as being signed by the client.
- **7.** Once saved, you will see a link to 'Create Referral Using this Disclosure Agreement'. Click on that link to create a referral to the provider agency that was referenced in the Disclosure.



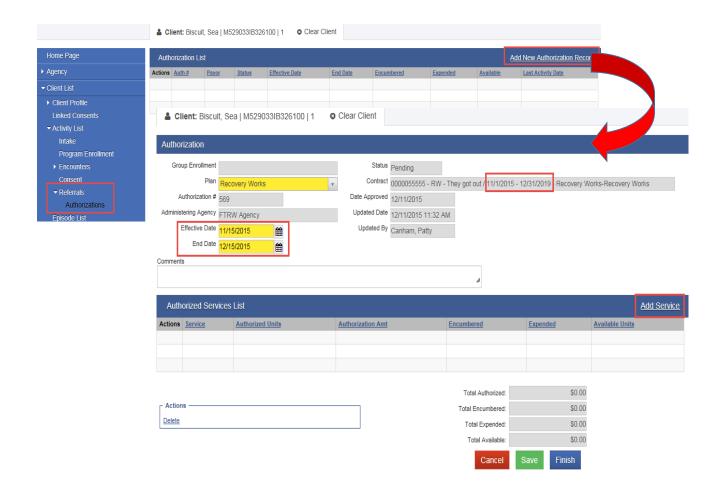
- **8.** To Complete the Referral Choose a reason for the referral from the dropdown menu.
- 9. Choose the facility and program to which you are referring.
- **10.** The fields "Is consent verification required" and "Is consent verified" should be set to YES. "Continue this episode of care" should be set to NO.
- 11. DO NOT change the referral status. This should remain "Referral Created/Pending".
- **12.** Save the Referral. A new menu item "Authorizations" will appear under the Referrals menu link if you have the role/key activity to create referred vouchers.



- 13. Click the "Authorizations" Menu item, then click "Add New Voucher" from the list screen.
- **14.** Choose the payor Plan should be "Recovery Works". This will correspond to plans available to the provider to which you are referring.
- **15.** Next, choose the Contract tier typically these represent various State Fiscal Years. .
- **16.** The effective date will populate with today's date; the end date will populate with the end date of the authorization period.
- 17. IMPORTANT NOTE: Effective Date and End Date of Authorization must fall within the dates on the contract (outlined in red). Vouchers may not extend beyond the dates of the authorization period on the agreement.
- **18.** Click on the SAVE button, then click on the <u>Add Service</u> link.



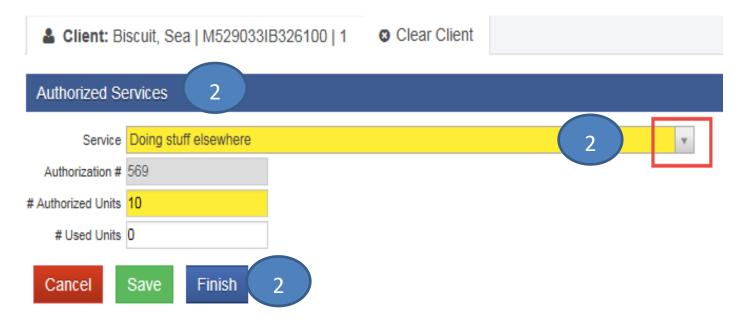
1



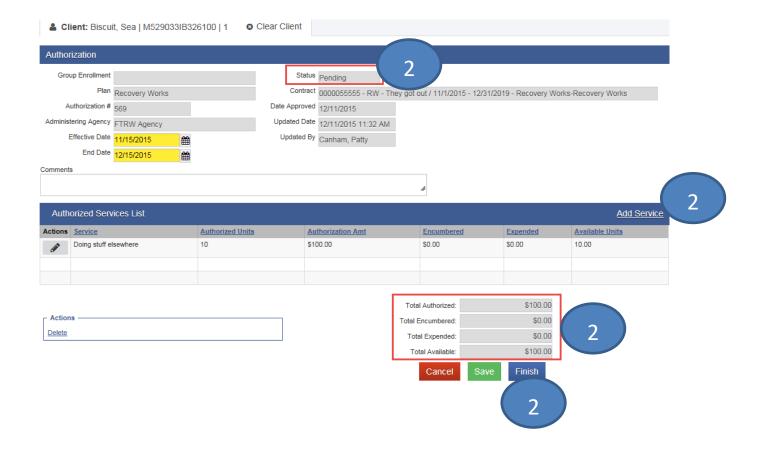
- **19.** After clicking on the "Add Service", you will be presented with the **Authorized Services** screen.
- **20.** Choose the service from the dropdown. Services have been defined by the State of Indiana.

21. IMPORTANT NOTES:

- a. The services available will correspond to the services approved through the Agreement Service Rates for this Provider.
- b. If using Parent/child categories, choose the PARENT on the Authorization. The "child" services will be chosen by the provider on the encounter record.
- c. Select the authorized units.
- d. "Used Units" is available in the event an authorization already existed, and some units have been used prior to entering this authorization in the system.
- e. Please note that all Client Caps and Client Service caps will be enforced at this point. You will not be allowed to save the Authorization if the amount of money (units times the rate established in Agreement Service Rates) exceeds any of those caps.
- f. You also will not be able to save the Authorization if the dollar amount of the Authorization will exceed the Allocated amount in the Plan Period Authorization Budget.
- g. WITS authorizes dollars, not units. Units are used to help determine the number of sessions or services that will be offered to the client; however, all caps and the amount of the actual Authorization are enforced in dollars.
- **22.** Clicking the **Finish** button will return you to the Voucher, where you will see the service you just added. You may either edit it, or add a new service.



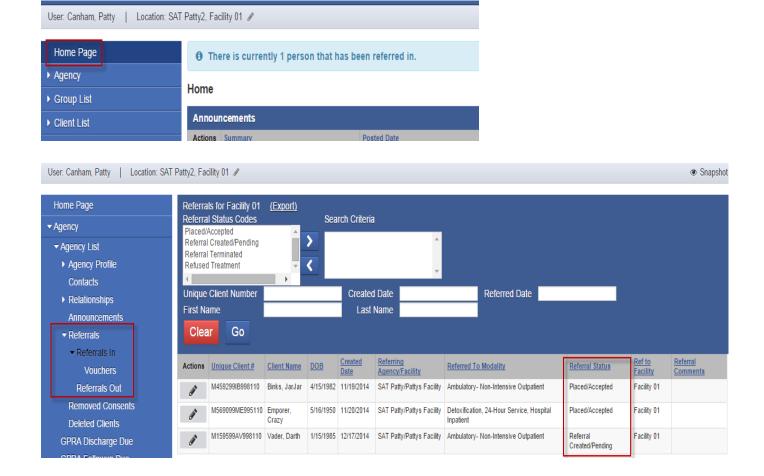
- 23. Notice that the voucher you created is in a Pending Status.
- **24.** The System calculated fields at the bottom indicate the monies that have been authorized.
- 25. You have the option to add more services to the voucher if needed.
- **26.** Click the **Finish** button once you have completed the voucher.



Accepting Referrals and Authorizations

Providers are notified of pending referrals at the top of the home screen. In addition, they may set up alerts to notify them of referrals received.

Providers navigate to the Agency - > Referrals In screen to accept referrals. They can view the services authorized by reviewing the referral from the Referrals In screen, then selecting the Vouchers menu item that appears below the Referrals In menu item from the left hand navigation.

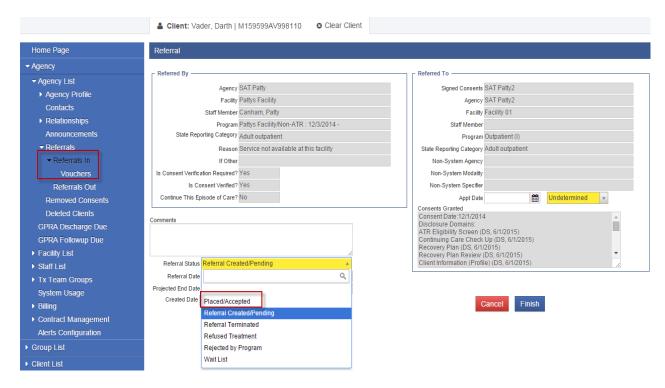


Providers may view the consented information prior to accepting the referral, by going to their Client List screen.

As soon as a provider accepts a referral (by changing the status to "Accepted" and clicking FINISH), the following things happen:

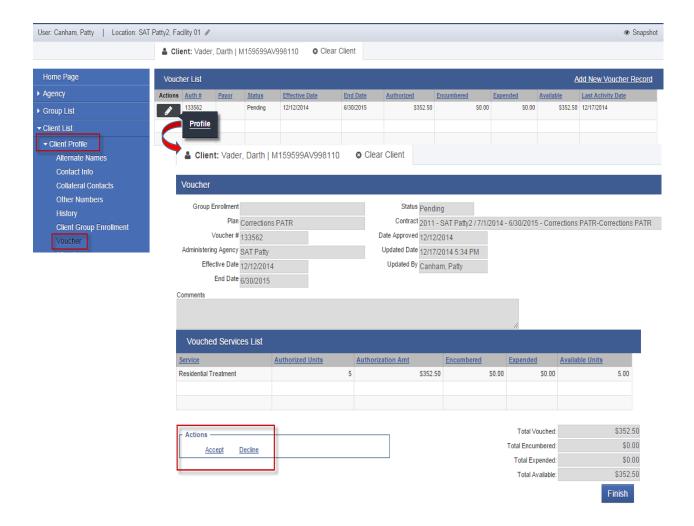
- Plan Based Authorizations:
 - o The client is copied to the receiving provider's agency
 - o An intake is created with the Forensic (Recovery Works) domain
 - o A program enrollment is created

 NOTE: The client group enrollment will be created once the Authorization has been accepted, but not before.



If there is a voucher for this client, the provider will go to the Voucher menu item under the Client's Profile. The Voucher status will be Pending.

The provider clicks on the **Profile** action and "Accepts" the Voucher. They may also decline the Voucher.



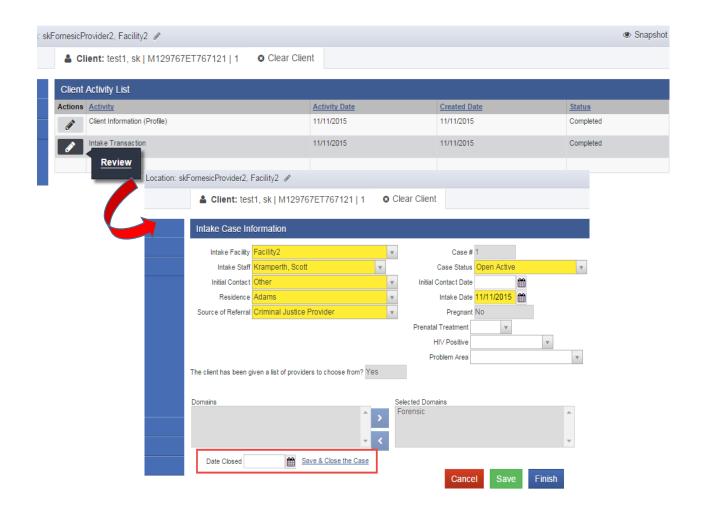
Once the service provider "Accepts" the referred Voucher, they may begin to document encounters for that client for services on that voucher. After documenting the encounter, it can be released for billing to the State (see section E.19)

Closing an Intake/Episode of Care

To begin, be sure that you have selected a client, since everything you do in the Intake will be applied to the client record chosen. The intake should be closed once all work has been completed for a client.

Click on the **Activity List** link located in the left navigation menu. OR from the Client List, search for the client, and hover your cursor over the Actions pencil icon and click on the **Activity List** link.

- **1.** Hover your cursor over the Actions pencil icon next to the **Intake** item in the Client Activity List. Click on the **Review** link.
- 2. Enter the desired date in the "Date Closed" field and click on Save & Close the Case link.
- 3. Click the Finish button to guit the screen



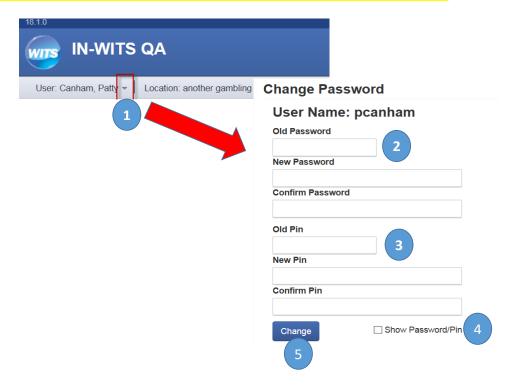


Change Credentials (Password/Pin)

This screen allows you to change your password and pin as needed.

- 1. Click on the down arrow next to the User field on the WITS header. A Change Credentials box will appear click on that.
- 2. The Change Password screen will appear. You will need to enter your current (Old) Password, then enter and confirm a new Password.
- 3. You will also need to enter your current (Old) Pin, then enter and confirm a new PIN and click Change.
- 4. You have the option of checking the Show Password/Pin field to enable you to see the new Password and Pin information as you key it. This was done to enable end users to better remember their passwords and PINs.
- 5. Clicking the Change button will save your password / pin changes

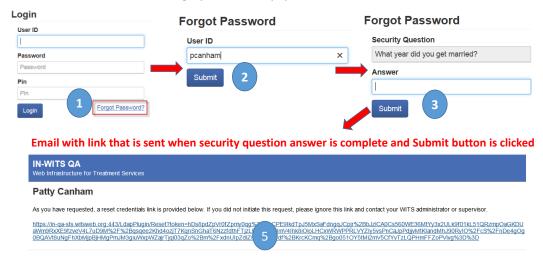
Note: Password and Pin are at least 6 characters long and include at least 1 number.



Change Security Question

Security Question is used if end user forgets their password at login. It is initially set the first time an end user logs into WITS.

- 1. From the WITS login screen click on the Forgot Password link.
- 2. You will be asked to enter you User ID, then click the Submit button.
- 3. You will need to provide the security answer you established the first time you logged into WITS, then click the Submit button.
- 4. You will be presented with a message that an email with details on how to reset your account is being sent to your email address on file.
- 5. You will receive an email from atr2in@witsweb.org with a link similar to what is shown. Click on the link to be able to change your security question.

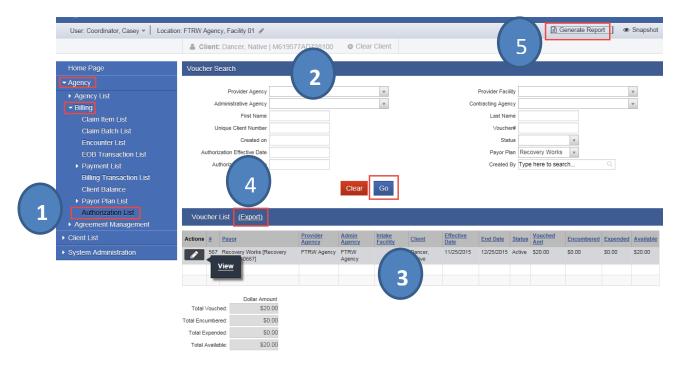


- 6. You will be presented with the Reset Credentials screen. Clicking on the down arrow on the Security Question field will allow you to change your Security Question.
- 7. You must also change your Password and Pin when changing your Security Question.
- 8. Click the Save button to have your changes implemented.



Reviewing all Vouchers for Your Agency

- 1. To review all vouchers within the current Agency, you must first select the **Agency > Billing > Authorization List** link located in the Left side navigation.
- 2. Once you are in the **Voucher Search** screen, you may search using any of the available criteria or filters, or you may simply click the Go button to generate a list of all of the available vouchers within the Agency.
 - Easy to search by client First and Last name, UCN or authorization effective date
 - This screen also helps you to gain an understanding of the monies being spent for these services
- 3. The browser window will reload and the voucher list will now appear on the screen with a list of available vouchers. To review any of the vouchers simply hover on the Actions pencil icon and click on the **View** link.
- 4. Click on the Export link to export the voucher list to an Excel spreadsheet, if needed.
- 5. Can also generate and print a voucher summary report, if you have the need to give a hard copy of the voucher to the client.



Voucher Summary Report generated by clicking on Generate Report link.



Voucher Summary Report

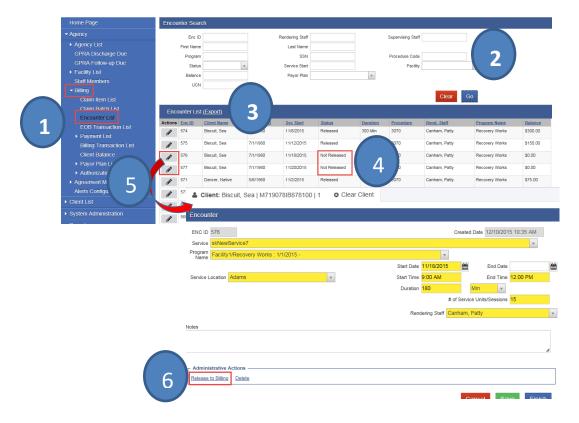
Care Coordinator: FTRW Client Name: Dancer, Na Client ID: M619577AD738 Payor Plan: Recovery V	tive 8100		Date: 11/25/2015		
Service Provider: FTRW Agency Facility Name:	Agency			Date Accepted: 11/25/	2015
Voucher effective from: Service: Doing Stuff here	11/25/2015 to	12/25/2015		Status: Active	
Vouched Units: 4	Vouched Amount:	\$20.00	Avail. Units: 4.00	Avail. Amount: \$20.00)
		ī		Voucher Amount: \$20.00 Funds Remaining: \$20.00	
Total Client Amount of Vouchers: \$20.00			Total F	 Funds Remaining: \$20.00	1
Care Coordinator Sign	nature D	ate	Client Signatu	ıre	Date

Agency Review of Claims

Each agency may have a designated person who has accountability for reviewing encounters and releasing them to billing. The WITS Administrator will work with your agency to determine who has the Release to Billing role. The agency staff with the Release to Billing role should review the encounters every day to ensure they are being released to billing in a timely fashion. If encounters are not released to billing they will not get paid by the State.

To determine if there are encounters that are not released:

- 1. Go to the **Agency > Billing > Encounter List** link from the left navigation, you will be presented with the Encounter Search and Encounter List screen.
- 2. If you are looking for specific encounters you can enter that encounter's criteria in the Encounter Search fields and click on the Go button to bring back those encounters that meet those criteria. Hitting the Clear button will clear all the Encounter Search criteria.
- 3. Review items returned in the Encounter List. You may also click on the (Export) link to export the information to a spreadsheet.
- 4. Any encounters that are in a status of **Not Released** are candidates to be released to billing (RTB).
- 5. Use the actions pencil icon to view the profile of the encounter
- 6. Click on the Release to Billing link in the Administrative Actions to release the encounter to billing.



Claim Batching/Submission/Adjudication

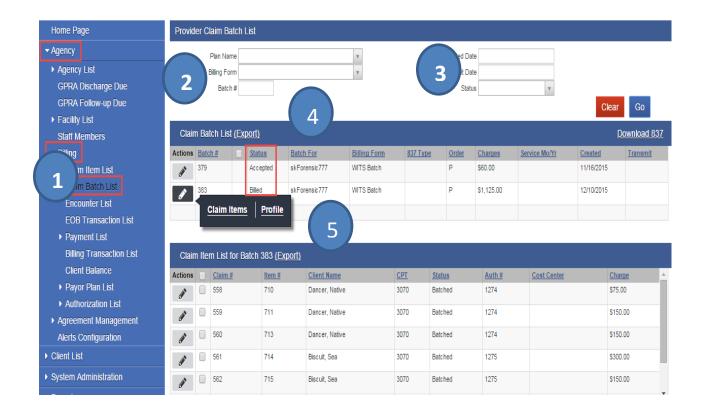
After encounters are released to billing a **claim item** is automatically created.

For INDIANA WITS, there are automated processes that run daily to automatically batch up the claims and on a weekly basis to bill the batched claims to the State. For Forensic Treatment / Recovery Works, there is also automated process to automatically adjudicate and mark the claim in WITS as paid. The State then has processes outside of WITS to generate a check/EFT transaction to the provider for claims that are paid.

Late Friday night every week, WITS gathers all of the encounters that have been released to billing and creates a file. Monday-Wednesday, Recovery Works staff adjudicates that file and determines the verdict on any billings that were rejected or pended. On Wednesday at 4:00pm EST, all of the billings that were approved for payment in WITS are submitted and the State's WITS manager creates a file that can be read by the State payment, People Soft. That file is turned in to the Clerk's office for payment on Thursday, and they begin the payment process. Payments are made within 35 days of receipt of the file on Thursday. The process starts all over again the next day.

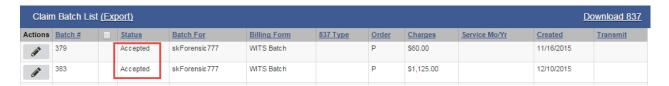
Claim Batch Processor takes all claims in a release status for a particular payer and loads them into a Claim Batch. To view batches:

- 1. From the left navigation go to Agency > Billing > Claim Batch List
- 2. You will be presented with the **Provider Claim Batch List** screen
- 3. You can enter search criteria such as Plan (Payor) Name or Created Date and click on the Go button to view Claim Batches that meet that criteria. Or click on the **Clear** button, then the **Go** button to see a list of all Claim Batches.
- 4. Notice at this point the status of the batch. A Batch Status of 'Billed' means that the claims have been batched but not yet submitted to the State. A Batch Status of 'Accepted' means that the Forensic Treatment \ Recovery Works batch has been accepted and paid by the State (indicates that the Provider Claim Submission Processor has run).
- 5. You can then use the Actions pencil icon to view all <u>Claim Items</u> in the batch or the <u>Profile</u> of the batch. Also have the ability to use the <u>(Export)</u> link in the Claim Item List section header to download the claims to a spreadsheet

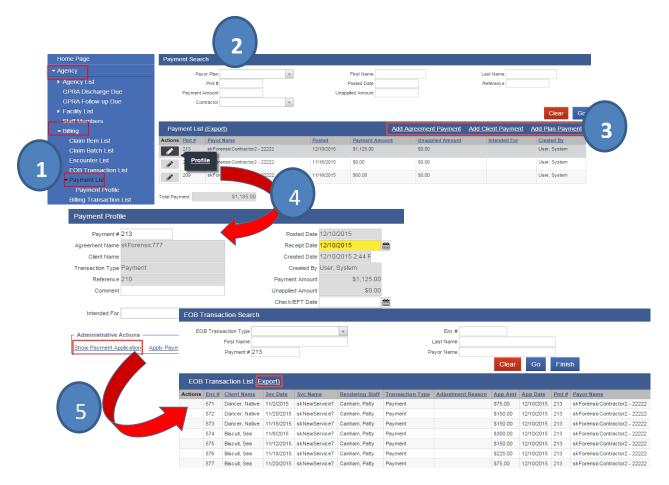


Reviewing Payments

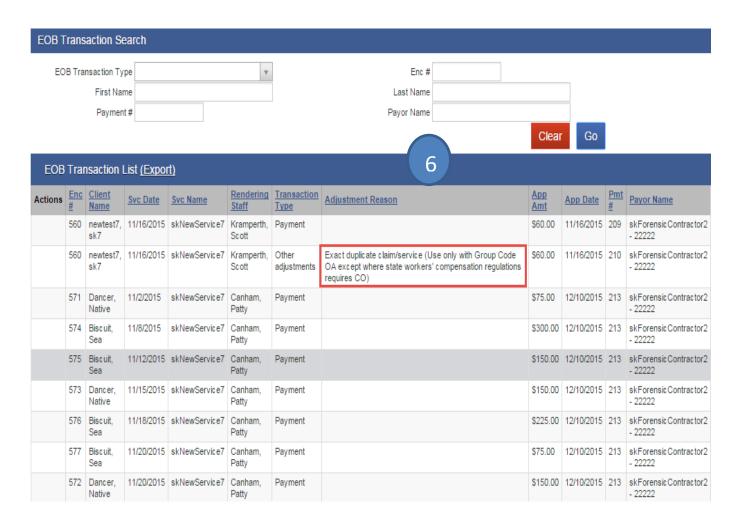
Once you see that a claim batch has been accepted in the claim batch list – you will want to review the payment information in WITS.



- 1. To begin, you must first click into the **Agency > Billing** module followed by the **Payment List** link located in the left side navigation.
- 2. You will be presented with the Payment Search screen, which will display any payments. To generate a list, enter in your search criteria in the Payment Search section and click the Go button. Notice that the browser window will reload and the results list will appear in the Payment List section of the screen. Here you will be able to see all of the claim batches which have been released to billing and have been paid in WITS.
- 3. You never need to use the links outlined in red WITS applies the payments from the State automatically.
- 4. Next, hover your cursor over the Actions pencil icon and click on the **Profile** link to view a payment profile item.

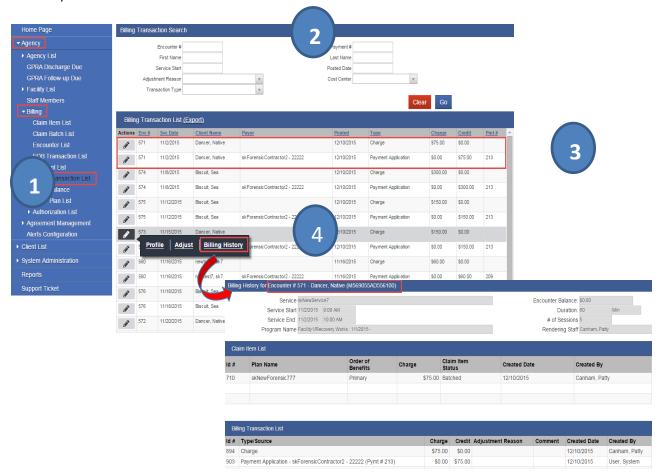


- 5. If you click on the <u>Show Payment Application</u> Administrative Action, you will be taken to the <u>EOB List</u> screen. This displays all the claims associated with this batch payment. Clicking on the (Export) link allows you to download the EOB transactions to a spreadsheet.
- In the EOB Transaction Search section, you can click on the Clear button, then click the Go button. This will cause all EOB transactions for all claim batches to appear. Notice how the Adjustment Reason is also listed.



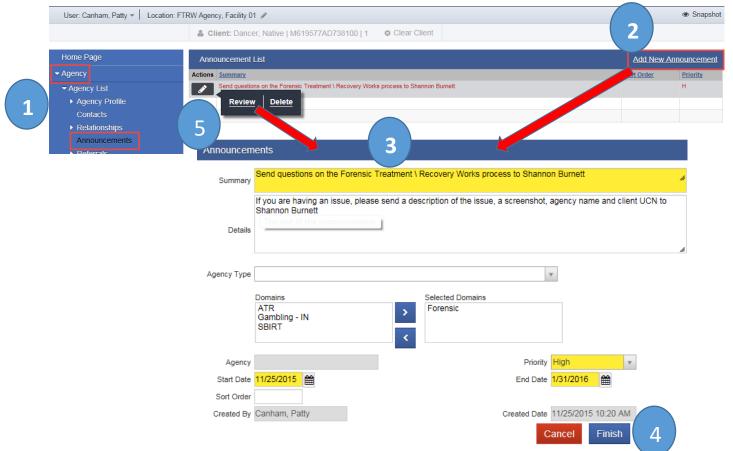
Another way to view payment information is by viewing the Billing Transactions.

- 1. To begin, you must first click into the **Agency > Billing** module followed by the **Billing Transaction List** link located in the left side navigation.
- 2. You will be presented with the Billing Transaction Search screen, which will display any payments. To generate a list, enter in your search criteria in the Billing Transaction Search section and click the Go button. Notice that the browser window will reload and the results list will appear in the Billing Transaction List section of the screen. Here you will be able to see all of the payment information related to each individual claim/encounter (not the batch).
- 3. Notice that there are 2 lines for each claim/encounter one with a type of **Charge** and one with a Type of **Payment Application**.
- 4. Clicking on the Actions pencil icon allows you to see the <u>Profile</u>, <u>Adjust</u> and <u>Billing History</u> links. The <u>Billing History</u> link is helpful in that it shows all billing actions that applied to the charge for the claim/encounter.



Creating an Announcement

- 1. The Announcement List can be used to post or edit announcements on your home-page for select Agencies to view. To create an announcement, click on the **Announcements** menu item followed by the **Announcement List** link located in the left navigation.
- 2. Next, to add a new announcement click the Add New Announcement link.
- 3. You will now see the **Announcement**" screen appear. Proceed and enter the required data in the fields specified.
- 4. Click on the **Finish** button when you have entered all of the appropriate information for the announcement. This will take you back to the list screen and where you will see the newly added announcement to the list.



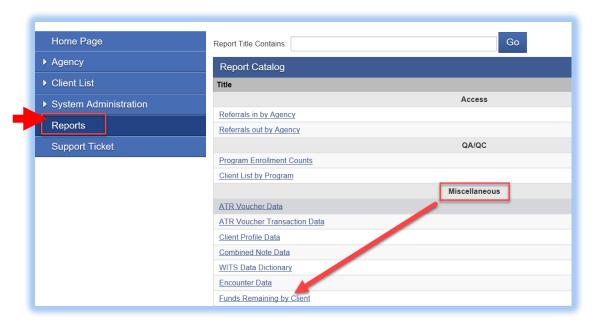
5. To edit or delete the details of an announcement, click the **Review** link under Actions column:

Tip: Leaving the Agency Type drop down menu blank will display the message created for all of the agencies. High priority announcements will be displayed in red on the Home Page for users to see.

Funds Remaining by Client

This report has been made available to providers to aid them in their work with clients. The goal of the report is to indicate state funds remaining for the client, no matter which agency services had been received. To access the report, the provider has to have a WITS report security role. That can be obtained from your WITS Administrator.

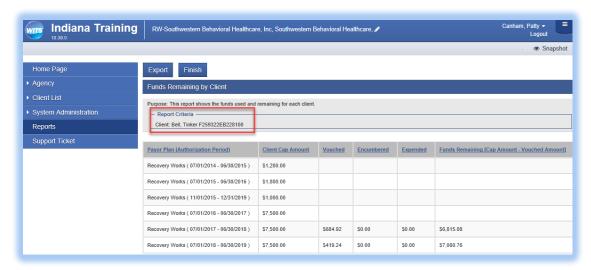
- 1. Click on the "Reports" option from the left navigation.
- 2. Click on the Funds Remaining by Client link under the Miscellaneous report section.



3. You will be presented with the Funds Remaining by Client report screen. In the client field you can enter either part of the client name or their UCN (full or partial). The client has to exist in your agency for the search to work. The system will present back a list of clients in your agency that meet that criteria. In this example "Tin" was entered for client "Tinker Bell". Select the client you want and click the "On Screen" or "Export" button.



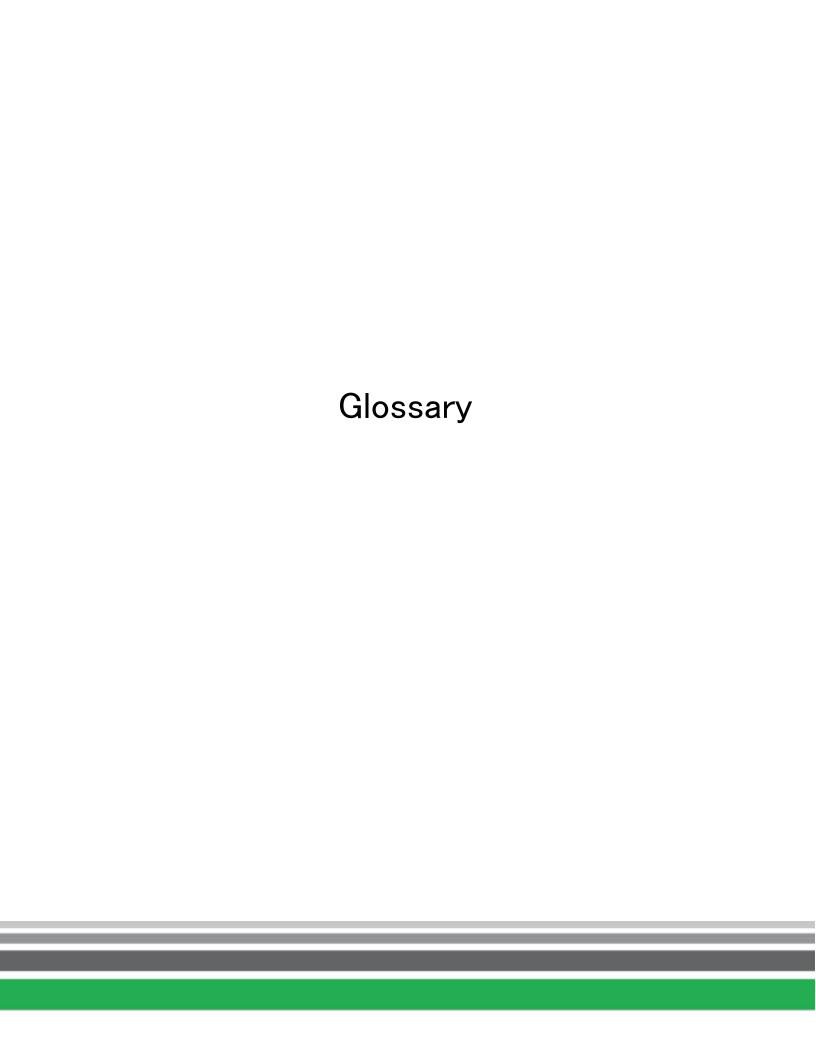
4. Clicking the "On Screen" button causes the following report to appear for the client you selected.



5. Report Columns and Content

Report Column	Content
Payor Plan (Authorization Period)	The name of the payor plan (e.g. Recovery Works or Gambling) and the authorization period for services
Client Cap Amount	Amount set by the state – this is the maximum amount that can be funded by the state. If the state has worked with the provider to increase that amount for a specific client, then that specific client cap amount will appear in this column.
Vouched	Total amount of monies that have been placed in WITS vouchers for the context client for all agencies. This includes monies for the context agency as well as any other agencies where the client resides.
Encumbered	Total amount of monies in WITS for this client for all agencies that have been released to billing but not yet expended (e.g. processed\adjudicated by the state).
Expended	Total amount of monies in WITS for this client for all agencies that have been expended (e.g. processed\adjudicated by the state).
Funds Remaining	Total monies remaining that can be spent on this client. Calculated by subtracting the vouched amount from the Client Cap Amount

6. Provider also has the option to export this information to a spreadsheet by clicking on the "Export" button or clicking on the "Finish" button to return to the Reports menu screen.

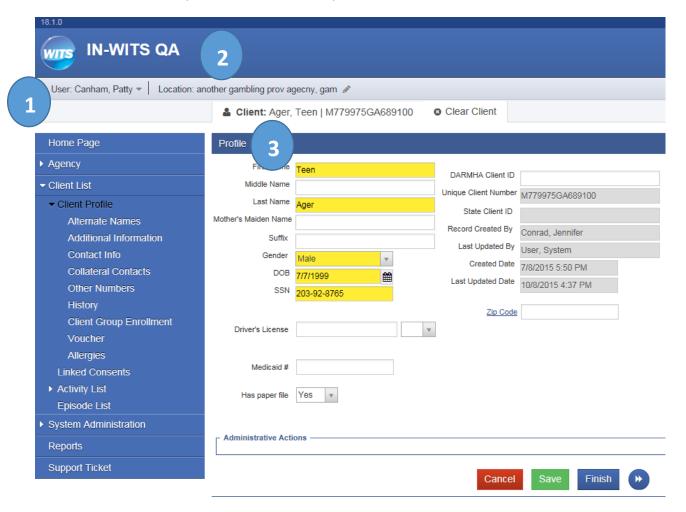


Indiana WITS is an internet based data collection and reporting system sponsored by the State of Indiana.

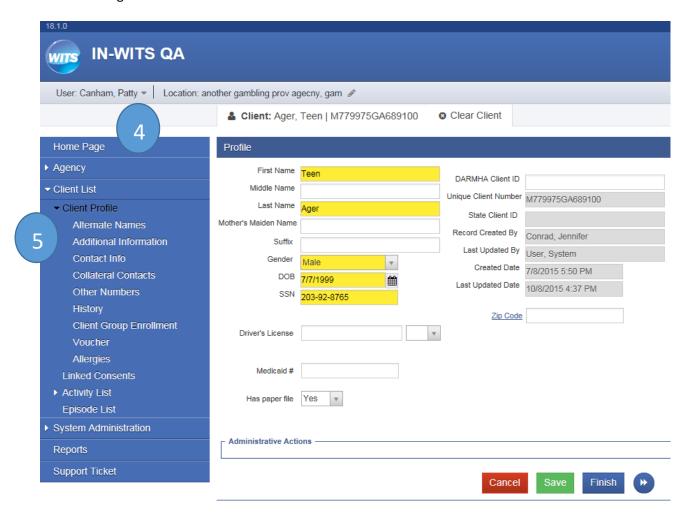
Top Navigation Bar: This area located at the top of the Indiana WITS screen and contains information that helps the user know his/her current context in the system.

The information includes:

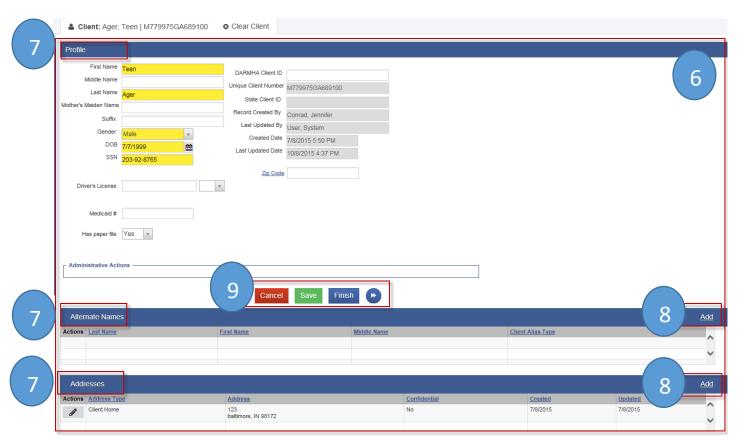
- 1. **User** (the person currently logged in the system)
- 2. Location (the Agency and Facility currently selected
- 3. Client (the client profile and data currently selected).



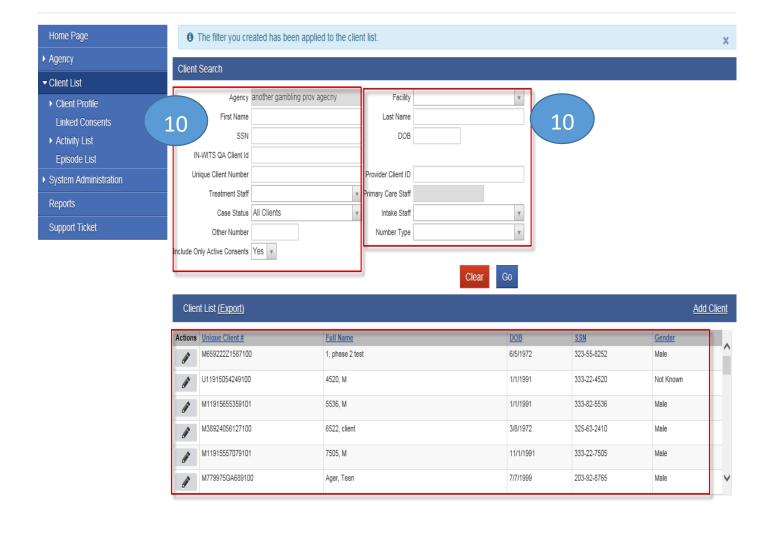
- 4. **Left Navigation:** WITS has been intelligently designed to follow common behavioral health treatment and recovery service work flows. As a result, when using the left navigation, you will immediately note that most of the modules and screens have been logically organized in a manner which makes sense to clinical staff, case managers and administrators.
- 5. **Navigating:** Users can easily select where they want to start working by clicking into any of the key modules and screens for instant access. Selections on the Left Navigation will have the font change from white to black.



- 6. **Main Content/Results Area:** The main area of the screen will constantly change as you progress through your workflow. It is also the area which will display system and client information, as well as allow you to enter data.
- 7. **Section Headers:** WITS often contains screens which are comprised of several sections. Therefore, to make it easy to navigate the page, section headers have been provided for clear identification.
- 8. **Function Links:** If the screen you are in allows you to perform certain functions, such as adding a client, reviewing data, exporting data etc., the functions will usually appear in the section headers as white underlined links.
- 9. **Action Buttons:** As you enter data and navigate between screens, you will be given various options such as Save, Clear, Cancel, Go, and Finish, all indicated by easy to view buttons.



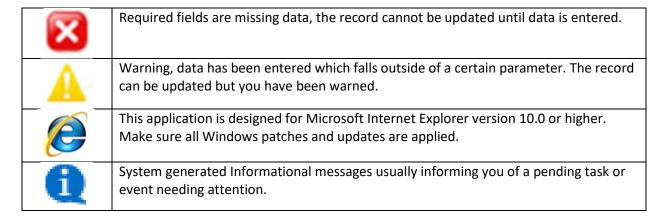
- 10. **Input Fields/Selection Boxes:** The main content area is the location where the user will enter data into fields, selection boxes, drop-down lists etc. Keep in mind that some fields may be required by your WITS application and will be indicated as such by a Dark Yellow color.
- 11. **Lists:** When arriving at a screen, users will most likely first see data and information presented as lists. These lists will display available information in columns of different data types which will correspond to the Client, Agency, Facility, Staff, etc., currently selected. In addition, some lists may have an "Action" column offering functions which can be applied to a selection from the list.



Data Field Conventions:

Mandatory field, MUST have data in order to save record
Read Only, system generated field, for display only & cannot be edited
Discretionary field, will not affect completion or saving of record
Required missing field, enter data before trying to Save or Finish
Required for State Reporting; record may be saved but will not be complete if these
are empty

System Icons:



Site Navigation:

Client List> Client Profile

The above convention is used throughout this document to show the Navigation path needed to access the module. Each > indicates a level down from the previous in the left Navigation menu. Below is a screen shot of the left Navigation menu in WITS.



Actions:

Save Finish Clear	Cancels the current action and returns you to the previous page. Saves data entered and remains on the current page. Saves data entered and returns you to the section start page. Navigate through the pages\screens in each section. Clears all criteria from the search tools when present. Run the search tool using the criteria entered.
Frequency Date Administrative Actions Associated Plans Contracted Facilities	A blue line under a field means you can do something with that field. • Column headings – can click the column heading to sort the table alphanumerically from 1-Z and then Z-1. • Administrative actions – can click on the administrative action to initiate that page \ screen. Move data from one choice box to another.
Client List (Export)	On list screens, can hover over an Actions pencil icon that will allow you to navigate quickly to screens associated to items in that list.

